

S.C. Department of Consumer Affairs

Staff Leasing Services Division
P.O. Box 5757
Columbia, SC 29250-5757

Staff Leasing Services Division
3600 Forest Drive, 3rd Floor
Columbia, SC 29204

APPLICATION FOR RENEWAL OF STAFF LEASING SERVICES LICENSE AND CONTROLLING PERSON LICENSE

Please complete all parts of this Renewal Application.

Pursuant to the provisions of Chapter 68 of Title 40 of the S.C. Code of Laws, 1976 as amended, the undersigned hereby makes the following statements for the purpose of obtaining a Renewal License to conduct business as a Staff Leasing Services Company in the State of South Carolina. The Renewal License Fee is: \$1,500.00 for each Staff Leasing Company and \$3,000.00 for each Staff Leasing Group. Please indicate the type of license renewal: A. ☐ Company License or B. ☐ Company Group License.

Date: _____
Renewal Period: _____
License Number: _____

Federal ID Number: _____
State ID Number: _____

1. Name, address and telephone number of the Company or Company Group:

_____	_____
_____	_____
_____	_____
_____	_____

2. Owners, officers, managers and controlling persons: Print below the names, residence addresses, dates of birth, social security numbers, titles, and percentages of ownership for all persons who qualify as a controlling person per Section 40-68-10(4) of the S.C. Code of Laws, 1976 as amended.

Corporations: If the applicant is owned by another corporate entity, attach a separate schedule providing information on the officers of the parent firm and the ultimate owners (natural persons).

Name & Address	D.O.B.	SSN#	Title	% of Ownership

3. Since the last renewal period, have any of the persons listed above or on any separate schedule, if applicable, been convicted or found guilty of any misdemeanors or felonies (with the exception of minor traffic violations) in any jurisdiction? ☐ Yes ☐ No (If yes, please provide a detailed explanation below; attach an additional sheet, if necessary).

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4. Please print below the names, residence addresses, dates of birth, social security numbers, titles and percentages of ownership for any new controlling person to be licensed with this renewal. Attach a separate schedule if necessary.

Name & Address	D.O.B.	SSN#	Title	% of Ownership

In addition, please provide the following for each new controlling person:

- A. Part D – “Controlling Person” application
- B. Part E – Character references (3 references for each new controlling person)
- C. Fingerprint cards (2 for each new controlling person)
- D. General Information Service (GIS) background checks (GSI#: 1-214-265-8817)

For items A, B and D above, the necessary forms and other information have been included for your convenience. For item C, additional fingerprint cards will be provided upon request.

5. Since the last renewal period, has either the company, company group, or any of the persons listed in item #2, or on any separate schedule, if applicable, been refused a license, registration, or certification as a staff leasing services company, company group, or controlling person, or renewal thereof, in any State? ☐ Yes ☐ No (If yes, please provide a detailed explanation below or attach an additional sheet, if necessary).

6. Since the last renewal period, has either the company, company group, or any of the persons listed in item #2, or on any separate schedule, if applicable, had a license revoked, suspended, or otherwise acted against (including probation, fine, or reprimand) in a disciplinary action in any state? ☐ Yes ☐ No (If yes, please provide a detailed explanation below or attach an additional sheet, if necessary).

7. Since the last renewal period, has either the company, company group, or any of the persons listed in item #2, or on any separate schedule, if applicable, been involved in or owned an interest in a staff leasing company or company group that has been adjudicated bankrupt, filed proceedings under the Bankruptcy act, or has otherwise closed due to insolvency? ☐ Yes ☐ No (If yes, please provide a detailed explanation below or attach an additional sheet, if necessary).

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8. Are any of the company or company group's licenses, registrations, or certifications currently under investigation or currently pending disciplinary action in any state? ☐ Yes ☐ No (If yes, please provide a detailed explanation below or attach an additional sheet, if necessary).

9. Please attach Employment Tax Compliance Letters as obtained from the S.C. Department of Revenue and from the Internal Revenue Service. These letters should be requested from the following agency's/individuals for payroll periods ending no earlier than June 30, 2003.

Internal Revenue Service
Attn: M. Ponce
Special Services Branch – MDP33
1835 Assembly Street
Columbia, SC 29201

S.C. Department of Revenue
Attn: Samantha McKay
Problem Resolution Unit
P.O. Box 11189
Columbia, SC 29211-1189

10. Submit a current workers' compensation certificate of Insurance. Please attach a copy of the most current client list. Please ensure that the location and number of assigned employees are identified for each client. In addition, please provide a contact name and telephone number for each client listed.

11. Are insurance benefits provided to any leased employees in the State of South Carolina for health, life, or disability claims? ☐ Yes ☐ No If yes, please complete the Insurance Schedule on page 5. In addition, please submit only the declaration page and/or a copy of the insurance booklet for all benefit plans.

12. For all Workers' Compensation and Health Insurance Plans: A new Affidavit of Insurance must be completed by the current Insurance Carrier. However, for all companies, a Certification Letter must be completed and signed by a controlling person. If the client company will obtain and be responsible for their own workers' compensation insurance, a copy of the service agreement must also be included.

13. Please attach a copy of the company's most recent Audited or Reviewed Financial Statement. The statement must be for annual periods ending no earlier than December 31, 2002, and shall be attested to by an independent Certified Public Accountant (CPA). For renewal purposes only, companies with less than \$7,500,000.00 in gross South Carolina payroll may submit Reviewed Financial Statements. Please indicate the type of financial statements being submitted below. If no financial information is being submitted, please indicate below and add an explanation in the space provided. Please attach an additional sheet if necessary. **Note: A positive net worth must be demonstrated for all companies operating as a staff leasing company on or before January 1, 1991. All other applicants must demonstrate a net worth of at least \$50,000.00. Deficiencies in the net worth requirement as demonstrated by the Audited or Reviewed Financial Statements may be satisfied through Letters of Credit and acceptable guarantees.**

☐ Audited F/S ☐ Reviewed F/S _____ Date of F/S
☐ No financial information is being provided for the following reason: _____

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14. Please remit the appropriate license renewal fee: \$1,500.00 for a Company license, \$3,000.00 for a Company Group license, \$250.00 for a Restricted license and a \$100.00 application fee for each new controlling person. Please make all checks payable to the South Carolina Department of Consumer Affairs.

15. Please indicate the name and telephone number of any company representative whom we may contact regarding the company's renewal application.

_____	_____
_____	_____
_____	_____
_____	_____

16. Please read, sign and have notarized the following statement:

I hereby certify that I have read the foregoing statements including any attachments and exhibits and agree that all responses that have been provided are accurate and complete to the best of my knowledge and belief. **I understand that any material representation is grounds for disciplinary action, denial or subsequent revocation of a license.**

_____ Signature of Applicant	_____ Date	_____ Type or Print Name of Applicant
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_____ Signature of Applicant	_____ Date	_____ Type or Print Name of Applicant
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Before me, personally appeared _____, whose identity is known to me by _____ (Type of identification) and who under oath, acknowledges that his/her signature appears above.

State of _____

County of _____

SWORN AND SUBSCRIBED to before me
this ____ day of _____, 20__.

_____(L.S.)

Notary Public

My Commission Expires: _____

Compliance Note: The Family Independence Act of 1995 required the S.C. Department of Social Services – Child Enforcement Division (Division) to operate a license revocation program for the purpose of enforcing and establishing child support. In accordance with this Act, South Carolina law (§ 20-7-944) requires that all licensing entities submit to the Division licensee data for all new and renewal licenses issued. Therefore, identifying information (i.e. name, social security number and date of birth, etc.) for all controlling persons licensed with this renewal application will be forwarded to the Division upon the issuance of each controlling person's license. Any questions regarding this Compliance Note should be directed to Timmie Gibson Hatten, Financial Analyst for Staff Leasing Services at (803) 734-4251.

INSURANCE SCHEDULE

PLANS OF INSURANCE OFFERED BY _____
(Enter Name of Applicant)

10/01/03 – 09/30/05

Type of Plan/ Name of Carrier	Policy Number	Effective Date	Name, Address & Telephone Number of Agent